

Department of Child Services (DCS) Drug Use Information Form  
(This form should only be used if a Baseline has been established)

Name of Parent, Guardian or Custodian:	
Today's Date and Time:	
Current Prescriptions:	
If <b>Admitting</b> to Drug Use, last date of use:	<input type="checkbox"/> N/A
Participation in Drug Treatment Program	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Oral Swab Test Administered:	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Oral Swab Test Administered by:	<input type="checkbox"/> DCS Staff <input type="checkbox"/> Service Provider <input type="checkbox"/> Other

I, \_\_\_\_\_, **deny** that I have used drugs and I am **not** willing to submit to an oral drug screen.

I, \_\_\_\_\_, **deny** that I have used drugs and I am willing to submit to an oral drug screen.

I, \_\_\_\_\_, **admit** that I have used drugs and have identified the drugs used below. I am also willing to submit to an oral drug screen.

I, \_\_\_\_\_, **admit** that I have used drugs and wish to forego the option of a drug screen. I recognize that this acceptance constitutes a full admission of using the following drug(s):

- ☐ Alcohol
- ☐ Cocaine
- ☐ Marijuana
- ☐ Oxycodone
- ☐ Fentanyl
- ☐ Hydrocodone
- ☐ Heroin
- ☐ Codeine
- ☐ Methamphetamine
- ☐ Methadone
- ☐ Suboxone

- ☐ Bupenorphone
- ☐ Naloxone
- ☐ Bath Salts
- ☐ Spice/Synthetic Drugs
- ☐ Prescription Drugs: \_\_\_\_\_  
\_\_\_\_\_
- ☐ Designer/Other: \_\_\_\_\_  
\_\_\_\_\_